

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Hampshire

OFFICIAL

A. The following charges are imposed on the medically needy for services:

Service	Type of Charge			Amount and Basis for Determination
	Deduct.	Coins.	Copay.	
Prescribed Drugs: each Medicaid covered prescription and refill			X	The co-payment amount of \$.50 per generic, branded generic, or single-source Medicaid covered prescription and refill and \$1.00 per compounded product or brand name Medicaid covered prescription and refill is based on the agency's average payment per prescription which exceeds \$10.00. (The average Medicaid payment per prescription for state fiscal year 1987 was \$12.32.)

OFFICIAL

TN No. 87-8
Supersedes
TN No. 85-12

Approval Date 10/6/87

Effective Date 7/1/87

HCFA ID: 0053C/0061E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Hampshire

B. The method used to collect cost sharing charges for medically needy individuals:

☒ Providers are responsible for collecting the cost sharing charges from individuals.

☐ The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

The state permits the provider to accept the recipient's assertion that he/she is unable to pay in the absence of knowledge or indications to the contrary.

OFFICIAL

TN No. 85-12
Supersedes
TN No. 83-8

Approval Date 2-20-86 Effective Date 7-1-85

HCFA ID: 0053C/0061E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Hampshire

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

Providers are informed and updated on the exceptions to co-payments through the issuance of MMIS bulletins and/or the use of "exemption letters" which a participant (usually in a waiver program) shows to the pharmacist. Clients are informed and updated on exceptions to co-payments through the issuance of client notices.

Provider compliance with the exclusions from co-payments is assured through Surveillance and Utilization Reviews and monitoring capabilities of the MMIS.

E. Cumulative maximums on charges:

☒ State policy does not provide for cumulative maximums.

☐ Cumulative maximums have been established as described below:

OFFICIAL

TN No. 85-12
Supersedes
TN No. 83-8

Approval Date 2-20-86

Effective Date 7-1-85

HCFA ID: 0053C/0061E